

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Townshp Primary Registration District No. **1003**
 City St. Louis (No. En route City) Hospital # 1

24747
 File No.
 Registered No. **6906**,
 St. Ward)

2. FULL NAME

Charles A. Plessing
 (a) Residence. No. 1610 Sulphur St., 13 Ward.

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-12-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 6 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Park Overseer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT. Mrs. Sophia Essle
 (Address) 722 E Ethel av.

15. JUL 14 1930 FILED Reas @ Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11, 1930

17. No physician in attendance
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw h..... alive on..... 19____, and that death occurred, on the date stated above, at 7:25 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

191 Insolation
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 194
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. W. Kerner M.D.

7/14/30 (Address) Dep Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL July 14 1930

20. UNDERTAKER Mr Laughlin ADDRESS 1631 Mission

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

